

3724



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PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Wilf Koenders : Paper No:
 Serial No. 10/032,521 : Group Art Unit: 3724
 Filed: October 19, 2001 : Examiner: Jerome Prone
 For: METHOD AND APPARATUS FOR CUTTING SHEET METAL

AMENDMENT TRANSMITTAL

Mail Stop NON-FEE AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment for the above-captioned application.

Applicant is a

- ☒ Small Entity
☐ Large Entity

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(complete (a) or (b), as applicable)

(a) ☐ Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees: 37

C.F.R. §1.17(a)(1)-(4)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	420.00	210.00
<input type="checkbox"/> three months	950.00	475.00
<input type="checkbox"/> four months	1,480.00	740.00

Fee: \$ _____

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Serial No.

If an additional extension of time is required, please consider this a petition therefor.

- ☐ An extension for ____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

- (b) ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for petition for extension of time.

FEE FOR CLAIMS

	Claims Remaining After Amendment		Highest Number Previously Paid For	Present Extra	Rate Small Entity		Rate Large Entity	Add'l Fee
Total *	16	Minus **	20	=	X 9.00	\$	X 18.00	\$
Indep. *	2	Minus ***	3	=	X 43.00	\$	X 86.00	\$
<input type="checkbox"/> First Presentation of Multiple Dependant Claim					X 145.00	\$	+290.00	\$
					Total Addt'l. Fee	\$	Total Addt'l. Fee	\$0

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

If the "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of the prior amendment or the number of claims originally filed.

(complete (c) or (d) as required)

- (c) ☒ No additional fee for claims is required.

- (d) ☐ Total additional fee for claims required \$_____

FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____ covering the total additional fee for claims required.

Serial No.

- ☐ Please charge Frost Brown Todd LLC Account No. 06-2226 for the total fee due.

A duplicate of this transmittal is attached.


The Assistant Commissioner for Patents is authorized to charge any deficiency or credit any overpayment of fees to Frost Brown Todd LLC Deposit Account No. 06-2226.

Respectfully submitted,

Wilf Koenders

Dated: March 19, 2004

By


Kevin S. Sprecher
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CERTIFICATE OF MAILING

I hereby certify that a copy of this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 19~~th~~ day of March 2004.


Beth O'Bryan